

MANUAL: FOM 802	JOB AID	
	Children's Foster Care	
SUBJECT: Psychiatric Hospitalization Job Aid	10/2020	New Issue
	04/2022	Partial Revision
Contact Office: Erica Barrett, BarrettE1@michigan.gov Child Welfare Medical and Behavioral Health Division		Complete Revision

Psychiatric hospitalization is a short-term service for children or adolescents with mental health, and/or intellectual or developmental disabilities who present a risk of harm to self/others that cannot be managed with community-based supports.

Information about the child and past services will be needed by Community Mental Health (CMH) and/or the Emergency Department Staff to evaluate the child for psychiatric hospitalization. It is best to gather this information prior to a crisis. The youth and family worker must obtain the following information to provide to Emergency Services at CMH or Emergency Department Staff:

1. Child's name.
2. Child's date of birth.
3. Child's MiSACWIS person ID.
4. Child's Medicaid ID.
5. Legal status of the child.
 - a. Include contact information for the person who can make decisions for the child. Example: Temporary court ward – Parent(s)/legal guardian(s); Permanent state ward – Youth and family worker; Permanent court ward – Court order is required.)
6. Youth and family worker information.
 - a. If the situation continues beyond regular working hours, include information for the on-call staff and/or the youth and family worker who will continue to address the situation.
7. County of responsibility (jurisdiction).
8. County where the child lives or resides.
 - a. If the child is residing in a residential treatment facility/child caring institution (CCI), the residential/CCI needs to contact the county CMH where the child will be taken for emergency services and evaluation, and that CMH will contact the county of responsibility.
9. Involvement in CMH services
 - a. Is this a child currently being served by CMH? If yes, provide the following information:
 1. Current mental health services and provider.
 2. Date of last appointment.
 3. Current medications, including dosages and the prescriber's name.
 - b. Has this child been getting any other mental health treatment? If yes, please list the treatment.

When the need arises for intervention, complete the following steps:

1. Contact Emergency Services at the local CMH to determine if intervention from CMH is appropriate. If after hours, contact the CMH Emergency Services Crisis Response Team. If it is determined that CMH cannot assist, contact the child's local Emergency Department for intervention.
2. Provide Emergency Services at CMH and/or the Emergency Department the information listed above.

3. Determine if the child can be transported or needs transportation assistance from the youth and family worker. If assistance is needed, the youth and family worker shall provide the necessary transportation.
4. If the child is not a current court ward or is a temporary court ward, contact the legal parent(s)/guardian(s) to inform them of the current situation and ask that they be available via telephone and/or in person to provide consent.
5. Upon arrival at Emergency Services at CMH and/or the Emergency Department, provide all updates to Emergency Services personnel regarding the current situation.
6. Allow the child to be evaluated by Emergency Services at CMH and/or the Emergency Department to determine medical necessity for inpatient care.

NOTE: Children may be assessed by the Emergency Department only, without the involvement of CMH Emergency Services. If the child's primary insurance is Medicaid, the youth and family worker should request that CMH Emergency Services conduct the evaluation. Please note, this can be a lengthy process.

7. If hospital admission is necessary, the hospital staff and/or CMH Emergency Services team will provide the current information to the hospitals for possible admission. The youth and family worker must provide comprehensive past and current behavioral and health information to ensure that the admitting hospital has accurate information. For example, be sure to provide the information on the child's patterns, new symptoms, level of aggression, behavioral needs, etc.
 - a. Additional information important to provide for the screening includes:
 1. AWOL risk.
 2. Verbal and physical aggression.
 3. Destruction of property.
 4. Sexual acting out.
 5. History of self-harm.
 6. Family history of suicide.
 7. Impulsivity.
 8. Inpatient psychiatric admissions in the past 12 months.
 9. Health concerns. For example: allergies, fractures, surgeries.
 10. Name of the primary care physician.
 11. Trauma and abuse/neglect history.
8. Psychiatric hospital admission:
 - a. If admission is approved, an on-site coverage plan to have someone sit with the child at the hospital until admission occurs must be developed by the local office, private agency, or congregate care provider. Staff providing on-site coverage should be from local offices, private agencies or congregate care providers as determined through collaborative planning and voluntary whenever possible.
 1. Once a bed is secured, the child will be transported via ambulance to the psychiatric facility. The youth and family worker and the legal parent(s)/guardian(s) must follow the ambulance to the psychiatric facility to complete the proper paperwork to admit the child. If the legal parent(s)/guardian(s) are not available, a court order must be obtained for hospitalization.
 - i. If it has been determined that admission is necessary and a hospital bed has not been identified timely (within 48 hours), please contact the Child Welfare Medical and Behavioral Health Division.
 2. If admission is initially supported and a psychiatric hospital bed is unable to be found, CMH Emergency Services will re-evaluate the

child every 24-48 hours. If it is determined upon re-evaluation that the child no longer meets medical necessity for psychiatric hospitalization, refer to number 9 for next steps.

9. If medical necessity for admission is denied, the youth and family worker must have a conversation with the Emergency Department staff and with the CMH ES staff about the reasons for the denial. If the youth and family worker believes that admission is necessary after a denial, begin the appeal process and request a second opinion. If the appeals process is started, please contact the Child Welfare Medical and Behavioral Health Division.

NOTE: If a second opinion is being requested for a temporary court ward, the request must come from a legal parent(s) or guardian(s). If a second opinion is being requested for a permanent state ward, the request may come from the youth and family worker. If the second opinion is being requested for a permanent court ward, the court must provide a court order to proceed.

10. Any hospital consideration or admission should prompt a re-evaluation of the child's treatment plan through a family team meeting or similar process.

11. When the need arises to contact the Child Welfare Medical and Behavioral Health Division, please send an email to Mary Chaliman at ChalimanM2@michigan.gov, Jeanette Scheid at ScheidJ2@michigan.gov, and Erica Barrett at BarrettE1@michigan.gov.

- a. In the email, please include the following information:

1. Child's name.
2. Child's date of birth.
3. Child's MiSACWIS person ID.
4. Child's Medicaid ID.
5. Legal status of the child.
6. Include the caseworker's contact information
7. As much information as possible about the current situation, including concerns from child welfare staff.
8. County of responsibility.
9. County of the residential/CCI if the youth is placed in a residential treatment facility/CCI.
10. Is this a child currently being served by the local CMH? If so, provide the name of the CMH.
11. Has this child been getting mental health treatment?
12. Who is the child working with at CMH?
13. Also include the actions taken thus far and the current outcomes.

- b. The Child Welfare Medical and Behavioral Health team will take the issue/information to the Division of Mental Health Services to Children and Families who will assist the child welfare team with resolving the issue.

Resources:

1. Child Welfare Medical and Behavioral Health Resources:
[MDHHS - Child Welfare Medical and Behavioral Health Resources \(michigan.gov\)](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_77104---,00.html)
2. Fostering Mental Health Website:
https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_77104_91971-528434--,00.html
3. Statewide Mental Health Resources by county:
https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_77104_91971-528434--,00.html
4. Policy: FOM 802